Policy Number:1BWHCA1901463677-00Name of Insured:PERFORMANCE CARRIER INC

Name of Agent: AMERIGO INSURANCE AGENCY

Carrier Name: Accredited Surety and Casualty Company Inc.



## WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

#### Policy Period: 04/10/2024 TO 04/10/2025

Claim #: Date Open: Description of Accident:	WHAC2408016 08/29/2024 OV was on the :		Date of L Date Clos lane on the freew	ed: 12/0	4/2024 Cla		WA Old Cla Closed Driver: uries.		KH RIZWAN	Unit	Number: 21	76	
<u>Claimant</u>	Line/Cov	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> Med Resv	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
GREGORY SCOTT E Group Total for Claim No: WHA	19.4/110 AC24080160	C	\$10,099.31 \$10,099.31	\$0.00 \$0.00	\$164.08 \$164.08	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$10,263.39 \$10,263.39	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00

# SUB TOTALS for Policy Period: 04/10/2024 TO 04/10/2025

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
TOTALS IN PERIOD:	\$10,099.31	\$0.00	\$164.08	\$0.00	\$0.00	\$0.00	\$10,263.39	\$0.00	\$0.00	\$0.00	\$0.00

### NUMBER OF CLAIMS IN PERIOD: 1

Policy Number: 1BWHCA1901463677-00

Name of Insured: PERFORMANCE CARRIER INC

Name of Agent:AMERIGO INSURANCE AGENCYCarrier Name:Accredited Surety and Casualty Company Inc.

NARS North American Risk Services

# WHITEHILL AGENCY/BRAZOS SPECIALTY RISK

#### Policy Period: 04/14/2024 TO 04/14/2025

Claim #: Date Open: Description of Accident:	WHAC250100 01/02/2025 IV was turning		Date of La Date Clos hit IV on passe	ed:	Clai	m Status:	CO Old Cl Open Driver her vehicle but f	: HUN	Unit Number: HUNTER BILLY WAYNE t the car at the scene.				
<u>Claimant</u>	Line/Cov	<u>St</u>	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> Recover	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
PERFORMANCE CARRIER INC Group Total for Claim No: WHA	19.4/110 C25010001	0	\$0.00 \$0.00	\$0.00 \$0.00	\$15.50 \$15.50	\$9,380.65 \$9,380.65	\$484.50 \$484.50	\$0.00 \$0.00	\$9,880.65 \$9,880.65	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00

Claim #:	WHAC25010	002	Date of L	oss: 12/27	7/2024 Acc	ident State:	CO Old Cla	aim#:		Unit	Number: 1		
Date Open:	01/02/2025		Date Clos	sed: 03/05	5/2025 Clai	m Status:	Closed Driver:	HUN	TER BILLY WA	YNE			
Description of Accident:	Claim is a dup	Claim is a duplicate of : WHAC25010001											
<u>Claimant</u>	Line/Cov	<u>St</u>	Loss Paid	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
AMBIPAR RESPONSE	19.4/110	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UNK UNK	19.4/110	C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Group Total for Claim No: W	HAC25010002		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### SUB TOTALS for Policy Period: 04/14/2024 TO 04/14/2025

	<u>Loss Paid</u>	<u>Med Paid</u>	Exp Paid	<u>Current</u> Loss Resv	<u>Current</u> <u>Exp Resv</u>	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	<u>Expense</u> <u>Recover</u>	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> <u>Recover</u>	<u>Subro</u> <u>Recover</u>
TOTALS IN PERIOD:	\$0.00	\$0.00	\$15.50	\$9,380.65	\$484.50	\$0.00	\$9,880.65	\$0.00	\$0.00	\$0.00	\$0.00

NUMBER OF CLAIMS IN PERIOD: 2

# GRAND TOTALS

	<u>Loss Paid</u>	<u>Med Paid</u>	<u>Exp Paid</u>	<u>Current</u> Loss Resv	<u>Current</u> Exp Resv	<u>Current</u> <u>Med Resv</u>	<u>Gross</u> Incurred	Expense Recover	<u>Deduct</u> <u>Recover</u>	<u>Salvage</u> Recover	<u>Subro</u> <u>Recover</u>
GRAND TOTALS:	\$10,099.31	\$0.00	\$179.58	\$9,380.65	\$484.50	\$0.00	\$20,144.04	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NUMBER OF CLAIMS: 3